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**Bib Data Sheet** 

**CONFIRMATION NO. 9873** 

| SERIAL NUMB<br>10/750,473                                                                                                             | FILING OR 371(c) DATE 10/750,473 12/31/2003 RULE        |                                                                                                                                              | Ó              | CLASS<br>210              |  |                                                                                                            | UNIT               | ATTORNEY<br>DOCKET NO.<br>NFIBX 118 |                            |
|---------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------|----------------|---------------------------|--|------------------------------------------------------------------------------------------------------------|--------------------|-------------------------------------|----------------------------|
| K. Dale Mo<br>Stephen W<br>James G. 1<br>Edwin G. H<br>** CONTINUING<br>This appln<br>** FOREIGN APF                                  | ontgor<br>/. Alex<br>Futtle<br>Hoel, I<br>DAT/<br>claim | ns, Granville, OH;<br>mery, Garner, NC;<br>kander, Basking Ridge,<br>Newburgh, NY;<br>nverness, IL;<br>A************************************ | *<br>2 12/31/2 |                           |  |                                                                                                            |                    |                                     |                            |
| Foreign Priority claimed  35 USC 119 (a-d) conditions wet Allowance  Verified and Acknowledged Examiner's Signature Initials  ADDRESS |                                                         |                                                                                                                                              |                | STATE OR<br>COUNTRY<br>OH |  |                                                                                                            | TOTA<br>CLAI<br>26 | MS                                  | INDEPENDENT<br>CLAIMS<br>3 |
| 002555                                                                                                                                |                                                         |                                                                                                                                              |                |                           |  |                                                                                                            |                    |                                     |                            |
| TITLE Two fiber filtration                                                                                                            | n mate                                                  | erial                                                                                                                                        |                |                           |  |                                                                                                            |                    |                                     |                            |
| RECEIVED                                                                                                                              | No.                                                     | EES: Authority has been given in Paper  o to charge/credit DEPOSIT ACCOUNT  o for following:                                                 |                |                           |  | ☐ All Fees ☐ 1.16 Fees (Filing) ☐ 1.17 Fees (Processing Ext. of time) ☐ 1.18 Fees (Issue) ☐ Other ☐ Credit |                    |                                     |                            |